837 Health Care Claim : Professional Encounters

837 Health Care Claim : Professional - Encounters - HIPAA/V5010X222A1

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Author:	**Edifecs, Inc**
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Notes:	

Introduction/ Purpose:

TennCare Companion Guides (TCCGs) are intended to supplement the ASC X12N Standards for Electronic Data Interchange, Technical Report Type 3 (TR3), for each HIPAA transaction set. The rules for transaction formats/structures and data contents including field values can be found in the TR3 guides. TCCGs provide specific information on the fields and values required for transactions sent to or received from TennCare.

TCCGs are intended to be supplemental to and NOT a replacement for, the standard ASC X12N TR3 guide for each transaction set. Based upon reporting circumstances, certain loops or data elements that are normally situational may become required. Some of these situational loops may not be included within the TCCG for a given transaction; however, requirements within TR3s must be followed when using different loops, segments and data elements. HIPAA required information must be met even if it's not part of the TCCG.

Other than transaction formats and data contents, please refer to TCCGs Front Matter (Version 5010) for Trading Partner arrangements with TennCare.

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837 Health Care Claim : Professional

Functional Group=HC

Purpose: This X12 Transaction Set contains the format and establishes the data contents of the Health Care Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to submit health care claim billing information, encounter information, or both, from providers of health care services to payers, either directly or via intermediary billers and claims clearinghouses. It can also be used to transmit health care claims and billing payment information between payers with different payment responsibilities where coordination of benefits is required or between payers and regulatory agencies to monitor the rendering, billing, and/or payment of health care services within a specific health care/insurance industry segment. For purposes of this standard, providers of health care products or services may include entities such as physicians, hospitals and other medical facilities or suppliers, dentists, and pharmacies, and entities providing medical information to meet regulatory requirements. The payer refers to a third party entity that pays claims or administers the insurance product or benefit or both. For example, a payer may be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), etc.) or an entity such as a third party administrator (TPA) or third party organization (TPO) that may be contracted by one of those groups. A regulatory agency is an entity responsible, by law or rule, for administering and monitoring a statutory benefits program or a specific health care/insurance industry segment.

Not Defined:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
	ISA	Interchange Control Header	M	1		
	GS	Functional Group Header	M	1		

Heading:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
0050	ST	Transaction Set Header	M	1		
0100	BHT	Beginning of Hierarchical Transaction	M	1		
LOOP ID - 1000A					**1**	**N1/0200L**
0200	NM1	Submitter Name	O	1		N1/0200
0450	PER	Submitter EDI Contact Information	O	2		
LOOP ID - 1000B					**1**	**N1/0200L**
0200	NM1	Receiver Name	O	1		N1/0200

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
LOOP ID - 2000A					**>1**	
0010	HL	Billing Provider Hierarchical Level	M	1		
0030	PRV	Billing Provider Specialty Information	O	1		
0100	CUR	Foreign Currency Information	O	1		
LOOP ID - 2010AA					**1**	**N2/0150L**
0150	NM1	Billing Provider Name	O	1		N2/0150
0250	N3	Billing Provider Address	O	1		
0300	N4	Billing Provider City, State, ZIP Code	O	1		
0350	REF	Billing Provider Tax Identification	O	1		
0350	REF	Billing Provider UPIN/License Information	O	2		
0400	PER	Billing Provider Contact Information	O	2		
LOOP ID - 2010AB					**1**	**N2/0150L**
0150	NM1	Pay-to Address Name	O	1		N2/0150
0250	N3	Pay-To Address - ADDRESS	O	1		
0300	N4	Pay-to Address City, State, ZIP Code	O	1		
LOOP ID - 2010AC					**1**	**N2/0150L**
0150	NM1	Pay-To Plan Name	O	1		N2/0150
0250	N3	Pay-To Plan Address	O	1		

0300	N4	Pay-To Plan City, State, ZIP Code	O	1		
0350	REF	Pay-To Plan Secondary Identification	O	1		
0350	REF	Pay-To Plan Tax Identification Number	O	1		
LOOP ID - 2000B					**>1**	
0010	HL	Subscriber Hierarchical Level	M	1		
0050	SBR	Subscriber Information	O	1		
0070	PAT	Patient Information	O	1		
LOOP ID - 2010BA					**1**	**N2/0150L**
0150	NM1	Subscriber Name	O	1		N2/0150
0250	N3	Subscriber Address	O	1		
0300	N4	Subscriber City, State, ZIP Code	O	1		
0320	DMG	Subscriber Demographic Information	O	1		
0350	REF	Subscriber Secondary Identification	O	1		
0350	REF	Property and Casualty Claim Number	O	1		
0400	PER	Property and Casualty Subscriber Contact Information	O	1		
LOOP ID - 2010BB					**1**	**N2/0150L**
0150	NM1	Payer Name	O	1		N2/0150
0250	N3	Payer Address	O	1		
0300	N4	Payer City, State, ZIP Code	O	1		
0350	REF	Payer Secondary Identification	O	3		
0350	REF	Billing Provider Secondary Identification	O	2		
LOOP ID - 2300					**100**	
1300	CLM	Claim Information	O	1		
1350	DTP	Date - Onset of Current Illness or Symptom	O	1		
1350	DTP	Date - Initial Treatment Date	O	1		
1350	DTP	Date - Last Seen Date	O	1		
1350	DTP	Date - Acute Manifestation	O	1		
1350	DTP	Date - Accident	O	1		
1350	DTP	Date - Last Menstrual Period	O	1		
1350	DTP	Date - Last X-ray Date	O	1		
1350	DTP	Date - Hearing and Vision Prescription Date	O	1		
1350	DTP	Date - Disability Dates	O	1		
1350	DTP	Date - Last Worked	O	1		
1350	DTP	Date - Authorized Return to Work	O	1		
1350	DTP	Date - Admission	O	1		
1350	DTP	Date - Discharge	O	1		
1350	DTP	Date - Assumed and Relinquished Care Dates	O	2		
1350	DTP	Property and Casualty Date of First Contact	O	1		
1350	DTP	Date - Repricer Received Date	O	1		
1550	PWK	Claim Supplemental Information	O	10		
1600	CN1	Contract Information	O	1		
1750	AMT	Patient Amount Paid	O	1		
1800	REF	Service Authorization Exception Code	O	1		
1800	REF	Mandatory Medicare (Section 4081) Crossover Indicator	O	1		
1800	REF	Mammography Certification Number	O	1		
1800	REF	Referral Number	O	1		
1800	REF	Prior Authorization	O	1		
1800	REF	Payer Claim Control Number	O	1		
1800	REF	Clinical Laboratory Improvement Amendment (CLIA) Number	O	1		
1800	REF	Repriced Claim Number	O	1		

1800	REF	Adjusted Repriced Claim Number	O	1		
1800	REF	Investigational Device Exemption Number	O	1		
1800	REF	Claim Identifier For Transmission Intermediaries	O	1		
1800	REF	Medical Record Number	O	1		
1800	REF	Demonstration Project Identifier	O	1		
1800	REF	Care Plan Oversight	O	1		
1850	K3	File Information	O	10		
1900	NTE	Claim Note	O	1		
1950	CR1	Ambulance Transport Information	O	1		N2/1950
2000	CR2	Spinal Manipulation Service Information	O	1		
2200	CRC	Ambulance Certification	O	3		
2200	CRC	Patient Condition Information: Vision	O	3		
2200	CRC	Homebound Indicator	O	1		
2200	CRC	EPSDT Referral	O	1		
2310	HI	Health Care Diagnosis Code	O	1		
2310	HI	Anesthesia Related Procedure	O	1		
2310	HI	Condition Information	O	2		
2410	HCP	Claim Pricing/Repricing Information	O	1		
LOOP ID - 2310A					**2**	**N2/2500L**
2500	NM1	Referring Provider Name	O	1		N2/2500
2710	REF	Referring Provider Secondary Identification	O	3		
LOOP ID - 2310B					**1**	**N2/2500L**
2500	NM1	Rendering Provider Name	O	1		N2/2500
2550	PRV	Rendering Provider Specialty Information	O	1		
2710	REF	Rendering Provider Secondary Identification	O	4		
LOOP ID - 2310C					**1**	**N2/2500L**
2500	NM1	Service Facility Location Name	O	1		N2/2500
2650	N3	Service Facility Location Address	O	1		
2700	N4	Service Facility Location City, State, ZIP Code	O	1		
2710	REF	Service Facility Location Secondary Identification	O	3		
2750	PER	Service Facility Contact Information	O	1		
LOOP ID - 2310D					**1**	**N2/2500L**
2500	NM1	Supervising Provider Name	O	1		N2/2500
2710	REF	Supervising Provider Secondary Identification	O	4		
LOOP ID - 2310E					**1**	**N2/2500L**
2500	NM1	Ambulance Pick-up Location	O	1		N2/2500
2650	N3	Ambulance Pick-up Location Address	O	1		
2700	N4	Ambulance Pick-up Location City, State, Zip Code	O	1		
LOOP ID - 2310F					**1**	**N2/2500L**
2500	NM1	Ambulance Drop-off Location	O	1		N2/2500
2650	N3	Ambulance Drop-off Location Address	O	1		
2700	N4	Ambulance Drop-off Location City, State, Zip Code	O	1		
LOOP ID - 2320					**10**	**N2/2900L**
2900	SBR	Other Subscriber Information	O	1		N2/2900
2950	CAS	Claim Level Adjustments	O	5		
3000	AMT	Coordination of Benefits (COB) Payer Paid Amount	O	1		
3000	AMT	Coordination of Benefits (COB) Total Non-covered Amount	O	1		
3000	AMT	Remaining Patient Liability	O	1		
3100	OI	Other Insurance Coverage Information	O	1		
3200	MOA	Outpatient Adjudication Information	O	1		

LOOP ID - 2330A					1	N2/3250L
3250	NM1	Other Subscriber Name	O	1		N2/3250
3320	N3	Other Subscriber Address	O	1		
3400	N4	Other Subscriber City, State, ZIP Code	O	1		
3550	REF	Other Subscriber Secondary Identification	O	1		

LOOP ID - 2330B					1	N2/3250L
3250	NM1	Other Payer Name	O	1		N2/3250
3320	N3	Other Payer Address	O	1		
3400	N4	Other Payer City, State, ZIP Code	O	1		
3500	DTP	Claim Check or Remittance Date	O	1		
3550	REF	Other Payer Secondary Identifier	O	2		
3550	REF	Other Payer Prior Authorization Number	O	1		
3550	REF	Other Payer Referral Number	O	1		
3550	REF	Other Payer Claim Adjustment Indicator	O	1		
3550	REF	Other Payer Claim Control Number	O	1		

LOOP ID - 2330C					2	N2/3250L
3250	NM1	Other Payer Referring Provider	O	1		N2/3250
3550	REF	Other Payer Referring Provider Secondary Identification	O	3		

LOOP ID - 2330D					1	N2/3250L
3250	NM1	Other Payer Rendering Provider	O	1		N2/3250
3550	REF	Other Payer Rendering Provider Secondary Identification	O	3		

LOOP ID - 2330E					1	N2/3250L
3250	NM1	Other Payer Service Facility Location	O	1		N2/3250
3550	REF	Other Payer Service Facility Location Secondary Identification	O	3		

LOOP ID - 2330F					1	N2/3250L
3250	NM1	Other Payer Supervising Provider	O	1		N2/3250
3550	REF	Other Payer Supervising Provider Secondary Identification	O	3		

LOOP ID - 2330G					1	N2/3250L
3250	NM1	Other Payer Billing Provider	O	1		N2/3250
3550	REF	Other Payer Billing Provider Secondary Identification	O	2		

LOOP ID - 2400					50	N2/3650L
3650	LX	Service Line Number	O	1		N2/3650
3700	SV1	Professional Service	O	1		
4000	SV5	Durable Medical Equipment Service	O	1		
4200	PWK	Line Supplemental Information	O	10		
4200	PWK	Durable Medical Equipment Certificate of Medical Necessity Indicator	O	1		
4250	CR1	Ambulance Transport Information	O	1		N2/4250
4350	CR3	Durable Medical Equipment Certification	O	1		
4500	CRC	Ambulance Certification	O	3		
4500	CRC	Hospice Employee Indicator	O	1		
4500	CRC	Condition Indicator/Durable Medical Equipment	O	1		
4550	DTP	Date - Service Date	O	1		
4550	DTP	Date - Prescription Date	O	1		
4550	DTP	DATE - Certification Revision/Recertification Date	O	1		
4550	DTP	Date - Begin Therapy Date	O	1		

4550	DTP	Date - Last Certification Date	O	1		
4550	DTP	Date - Last Seen Date	O	1		
4550	DTP	Date - Test Date	O	2		
4550	DTP	Date - Shipped Date	O	1		
4550	DTP	Date - Last X-ray Date	O	1		
4550	DTP	Date - Initial Treatment Date	O	1		
4600	QTY	Ambulance Patient Count	O	1		
4600	QTY	Obstetric Anesthesia Additional Units	O	1		
4620	MEA	Test Result	O	5		
4650	CN1	Contract Information	O	1		
4700	REF	Repriced Line Item Reference Number	O	1		
4700	REF	Adjusted Repriced Line Item Reference Number	O	1		
4700	REF	Prior Authorization	O	5		
4700	REF	Line Item Control Number	O	1		
4700	REF	Mammography Certification Number	O	1		
4700	REF	Clinical Laboratory Improvement Amendment (CLIA) Number	O	1		
4700	REF	Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification	O	1		
4700	REF	Immunization Batch Number	O	1		
4700	REF	Referral Number	O	5		
4750	AMT	Sales Tax Amount	O	1		
4750	AMT	Postage Claimed Amount	O	1		
4800	K3	File Information	O	10		
4850	NTE	Line Note	O	1		
4850	NTE	Third Party Organization Notes	O	1		
4880	PS1	Purchased Service Information	O	1		
4920	HCP	Line Pricing/Repricing Information	O	1		
LOOP ID - 2410					**1**	**N2/4930L**
4930	LIN	Drug Identification	O	1		N2/4930
4940	CTP	Drug Quantity	O	1		
4950	REF	Prescription or Compound Drug Association Number	O	1		
LOOP ID - 2420A					**1**	**N2/5000L**
5000	NM1	Rendering Provider Name	O	1		N2/5000
5050	PRV	Rendering Provider Specialty Information	O	1		
5250	REF	Rendering Provider Secondary Identification	O	20		
LOOP ID - 2420B					**1**	**N2/5000L**
5000	NM1	Purchased Service Provider Name	O	1		N2/5000
5250	REF	Purchased Service Provider Secondary Identification	O	20		
LOOP ID - 2420C					**1**	**N2/5000L**
5000	NM1	Service Facility Location	O	1		N2/5000
5140	N3	Service Facility Location Address	O	1		
5200	N4	Service Facility Location City, State, ZIP Code	O	1		
5250	REF	Service Facility Location Secondary Identification	O	3		
LOOP ID - 2420D					**1**	**N2/5000L**
5000	NM1	Supervising Provider Name	O	1		N2/5000
5250	REF	Supervising Provider Secondary Identification	O	20		
LOOP ID - 2420E					**1**	**N2/5000L**
5000	NM1	Ordering Provider Name	O	1		N2/5000
5140	N3	Ordering Provider Address	O	1		

5200	N4	Ordering Provider City, State, ZIP Code	O	1		
5250	REF	Ordering Provider Secondary Identification	O	20		
5300	PER	Ordering Provider Contact Information	O	1		
LOOP ID - 2420F					**2**	**N2/5000L**
5000	NM1	Referring Provider Name	O	1		N2/5000
5250	REF	Referring Provider Secondary Identification	O	20		
LOOP ID - 2420G					**1**	**N2/5000L**
5000	NM1	Ambulance Pick-up Location	O	1		N2/5000
5140	N3	Ambulance Pick-up Location Address	O	1		
5200	N4	Ambulance Pick-up Location City, State, Zip Code	O	1		
LOOP ID - 2420H					**1**	**N2/5000L**
5000	NM1	Ambulance Drop-off Location	O	1		N2/5000
5140	N3	Ambulance Drop-off Location Address	O	1		
5200	N4	Ambulance Drop-off Location City, State, Zip Code	O	1		
LOOP ID - 2430					**15**	**N2/5400L**
5400	SVD	Line Adjudication Information	O	1		N2/5400
5450	CAS	Line Adjustment	O	5		
5500	DTP	Line Check or Remittance Date	O	1		
5505	AMT	Remaining Patient Liability	O	1		
LOOP ID - 2440					**>1**	**N2/5510L**
5510	LQ	Form Identification Code	O	1		N2/5510
5520	FRM	Supporting Documentation	M	99		N2/5520
LOOP ID - 2000C					**>1**	
0010	HL	Patient Hierarchical Level	O	1		
0070	PAT	Patient Information	O	1		
LOOP ID - 2010CA					**1**	**N2/0150L**
0150	NM1	Patient Name	O	1		N2/0150
0250	N3	Patient Address	O	1		
0300	N4	Patient City, State, ZIP Code	O	1		
0320	DMG	Patient Demographic Information	O	1		
0350	REF	Property and Casualty Claim Number	O	1		
0350	REF	Property and Casualty Patient Identifier	O	1		
0400	PER	Property and Casualty Patient Contact Information	O	1		
LOOP ID - 2300					**100**	
1300	CLM	Claim Information	O	1		
1350	DTP	Date - Onset of Current Illness or Symptom	O	1		
1350	DTP	Date - Initial Treatment Date	O	1		
1350	DTP	Date - Last Seen Date	O	1		
1350	DTP	Date - Acute Manifestation	O	1		
1350	DTP	Date - Accident	O	1		
1350	DTP	Date - Last Menstrual Period	O	1		
1350	DTP	Date - Last X-ray Date	O	1		
1350	DTP	Date - Hearing and Vision Prescription Date	O	1		
1350	DTP	Date - Disability Dates	O	1		
1350	DTP	Date - Last Worked	O	1		
1350	DTP	Date - Authorized Return to Work	O	1		
1350	DTP	Date - Admission	O	1		
1350	DTP	Date - Discharge	O	1		
1350	DTP	Date - Assumed and Relinquished Care Dates	O	2		
1350	DTP	Property and Casualty Date of First Contact	O	1		

1350	DTP	Date - Repricer Received Date	O	1		
1550	PWK	Claim Supplemental Information	O	10		
1600	CN1	Contract Information	O	1		
1750	AMT	Patient Amount Paid	O	1		
1800	REF	Service Authorization Exception Code	O	1		
1800	REF	Mandatory Medicare (Section 4081) Crossover Indicator	O	1		
1800	REF	Mammography Certification Number	O	1		
1800	REF	Referral Number	O	1		
1800	REF	Prior Authorization	O	1		
1800	REF	Payer Claim Control Number	O	1		
1800	REF	Clinical Laboratory Improvement Amendment (CLIA) Number	O	1		
1800	REF	Repriced Claim Number	O	1		
1800	REF	Adjusted Repriced Claim Number	O	1		
1800	REF	Investigational Device Exemption Number	O	1		
1800	REF	Claim Identifier For Transmission Intermediaries	O	1		
1800	REF	Medical Record Number	O	1		
1800	REF	Demonstration Project Identifier	O	1		
1800	REF	Care Plan Oversight	O	1		
1850	K3	File Information	O	10		
1900	NTE	Claim Note	O	1		
1950	CR1	Ambulance Transport Information	O	1		N2/1950
2000	CR2	Spinal Manipulation Service Information	O	1		
2200	CRC	Ambulance Certification	O	3		
2200	CRC	Patient Condition Information: Vision	O	3		
2200	CRC	Homebound Indicator	O	1		
2200	CRC	EPSDT Referral	O	1		
2310	HI	Health Care Diagnosis Code	O	1		
2310	HI	Anesthesia Related Procedure	O	1		
2310	HI	Condition Information	O	2		
2410	HCP	Claim Pricing/Repricing Information	O	1		
LOOP ID - 2310A					**2**	**N2/2500L**
2500	NM1	Referring Provider Name	O	1		N2/2500
2710	REF	Referring Provider Secondary Identification	O	3		
LOOP ID - 2310B					**1**	**N2/2500L**
2500	NM1	Rendering Provider Name	O	1		N2/2500
2550	PRV	Rendering Provider Specialty Information	O	1		
2710	REF	Rendering Provider Secondary Identification	O	4		
LOOP ID - 2310C					**1**	**N2/2500L**
2500	NM1	Service Facility Location Name	O	1		N2/2500
2650	N3	Service Facility Location Address	O	1		
2700	N4	Service Facility Location City, State, ZIP Code	O	1		
2710	REF	Service Facility Location Secondary Identification	O	3		
2750	PER	Service Facility Contact Information	O	1		
LOOP ID - 2310D					**1**	**N2/2500L**
2500	NM1	Supervising Provider Name	O	1		N2/2500
2710	REF	Supervising Provider Secondary Identification	O	4		
LOOP ID - 2310E					**1**	**N2/2500L**
2500	NM1	Ambulance Pick-up Location	O	1		N2/2500
2650	N3	Ambulance Pick-up Location Address	O	1		
2700	N4	Ambulance Pick-up Location City, State, Zip Code	O	1		

LOOP ID - 2310F					**1**	**N2/2500L**
2500	NM1	Ambulance Drop-off Location	O	1		N2/2500
2650	N3	Ambulance Drop-off Location Address	O	1		
2700	N4	Ambulance Drop-off Location City, State, Zip Code	O	1		
LOOP ID - 2320					**10**	**N2/2900L**
2900	SBR	Other Subscriber Information	O	1		N2/2900
2950	CAS	Claim Level Adjustments	O	5		
3000	AMT	Coordination of Benefits (COB) Payer Paid Amount	O	1		
3000	AMT	Coordination of Benefits (COB) Total Non-covered Amount	O	1		
3000	AMT	Remaining Patient Liability	O	1		
3100	OI	Other Insurance Coverage Information	O	1		
3200	MOA	Outpatient Adjudication Information	O	1		
LOOP ID - 2330A					**1**	**N2/3250L**
3250	NM1	Other Subscriber Name	O	1		N2/3250
3320	N3	Other Subscriber Address	O	1		
3400	N4	Other Subscriber City, State, ZIP Code	O	1		
3550	REF	Other Subscriber Secondary Identification	O	1		
LOOP ID - 2330B					**1**	**N2/3250L**
3250	NM1	Other Payer Name	O	1		N2/3250
3320	N3	Other Payer Address	O	1		
3400	N4	Other Payer City, State, ZIP Code	O	1		
3500	DTP	Claim Check or Remittance Date	O	1		
3550	REF	Other Payer Secondary Identifier	O	2		
3550	REF	Other Payer Prior Authorization Number	O	1		
3550	REF	Other Payer Referral Number	O	1		
3550	REF	Other Payer Claim Adjustment Indicator	O	1		
3550	REF	Other Payer Claim Control Number	O	1		
LOOP ID - 2330C					**2**	**N2/3250L**
3250	NM1	Other Payer Referring Provider	O	1		N2/3250
3550	REF	Other Payer Referring Provider Secondary Identification	O	3		
LOOP ID - 2330D					**1**	**N2/3250L**
3250	NM1	Other Payer Rendering Provider	O	1		N2/3250
3550	REF	Other Payer Rendering Provider Secondary Identification	O	3		
LOOP ID - 2330E					**1**	**N2/3250L**
3250	NM1	Other Payer Service Facility Location	O	1		N2/3250
3550	REF	Other Payer Service Facility Location Secondary Identification	O	3		
LOOP ID - 2330F					**1**	**N2/3250L**
3250	NM1	Other Payer Supervising Provider	O	1		N2/3250
3550	REF	Other Payer Supervising Provider Secondary Identification	O	3		
LOOP ID - 2330G					**1**	**N2/3250L**
3250	NM1	Other Payer Billing Provider	O	1		N2/3250
3550	REF	Other Payer Billing Provider Secondary Identification	O	2		
LOOP ID - 2400					**50**	**N2/3650L**
3650	LX	Service Line Number	O	1		N2/3650

3700	SV1	Professional Service	O	1		
4000	SV5	Durable Medical Equipment Service	O	1		
4200	PWK	Line Supplemental Information	O	10		
4200	PWK	Durable Medical Equipment Certificate of Medical Necessity Indicator	O	1		
4250	CR1	Ambulance Transport Information	O	1		N2/4250
4350	CR3	Durable Medical Equipment Certification	O	1		
4500	CRC	Ambulance Certification	O	3		
4500	CRC	Hospice Employee Indicator	O	1		
4500	CRC	Condition Indicator/Durable Medical Equipment	O	1		
4550	DTP	Date - Service Date	O	1		
4550	DTP	Date - Prescription Date	O	1		
4550	DTP	DATE - Certification Revision/Recertification Date	O	1		
4550	DTP	Date - Begin Therapy Date	O	1		
4550	DTP	Date - Last Certification Date	O	1		
4550	DTP	Date - Last Seen Date	O	1		
4550	DTP	Date - Test Date	O	2		
4550	DTP	Date - Shipped Date	O	1		
4550	DTP	Date - Last X-ray Date	O	1		
4550	DTP	Date - Initial Treatment Date	O	1		
4600	QTY	Ambulance Patient Count	O	1		
4600	QTY	Obstetric Anesthesia Additional Units	O	1		
4620	MEA	Test Result	O	5		
4650	CN1	Contract Information	O	1		
4700	REF	Repriced Line Item Reference Number	O	1		
4700	REF	Adjusted Repriced Line Item Reference Number	O	1		
4700	REF	Prior Authorization	O	5		
4700	REF	Line Item Control Number	O	1		
4700	REF	Mammography Certification Number	O	1		
4700	REF	Clinical Laboratory Improvement Amendment (CLIA) Number	O	1		
4700	REF	Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification	O	1		
4700	REF	Immunization Batch Number	O	1		
4700	REF	Referral Number	O	5		
4750	AMT	Sales Tax Amount	O	1		
4750	AMT	Postage Claimed Amount	O	1		
4800	K3	File Information	O	10		
4850	NTE	Line Note	O	1		
4850	NTE	Third Party Organization Notes	O	1		
4880	PS1	Purchased Service Information	O	1		
4920	HCP	Line Pricing/Repricing Information	O	1		
LOOP ID - 2410					**1**	**N2/4930L**
4930	LIN	Drug Identification	O	1		N2/4930
4940	CTP	Drug Quantity	O	1		
4950	REF	Prescription or Compound Drug Association Number	O	1		
LOOP ID - 2420A					**1**	**N2/5000L**
5000	NM1	Rendering Provider Name	O	1		N2/5000
5050	PRV	Rendering Provider Specialty Information	O	1		
5250	REF	Rendering Provider Secondary Identification	O	20		
LOOP ID - 2420B					**1**	**N2/5000L**
5000	NM1	Purchased Service Provider Name	O	1		N2/5000

5250	REF	Purchased Service Provider Secondary Identification	O	20		
LOOP ID - 2420C					**1**	**N2/5000L**
5000	NM1	Service Facility Location	O	1		N2/5000
5140	N3	Service Facility Location Address	O	1		
5200	N4	Service Facility Location City, State, ZIP Code	O	1		
5250	REF	Service Facility Location Secondary Identification	O	3		
LOOP ID - 2420D					**1**	**N2/5000L**
5000	NM1	Supervising Provider Name	O	1		N2/5000
5250	REF	Supervising Provider Secondary Identification	O	20		
LOOP ID - 2420E					**1**	**N2/5000L**
5000	NM1	Ordering Provider Name	O	1		N2/5000
5140	N3	Ordering Provider Address	O	1		
5200	N4	Ordering Provider City, State, ZIP Code	O	1		
5250	REF	Ordering Provider Secondary Identification	O	20		
5300	PER	Ordering Provider Contact Information	O	1		
LOOP ID - 2420F					**2**	**N2/5000L**
5000	NM1	Referring Provider Name	O	1		N2/5000
5250	REF	Referring Provider Secondary Identification	O	20		
LOOP ID - 2420G					**1**	**N2/5000L**
5000	NM1	Ambulance Pick-up Location	O	1		N2/5000
5140	N3	Ambulance Pick-up Location Address	O	1		
5200	N4	Ambulance Pick-up Location City, State, Zip Code	O	1		
LOOP ID - 2420H					**1**	**N2/5000L**
5000	NM1	Ambulance Drop-off Location	O	1		N2/5000
5140	N3	Ambulance Drop-off Location Address	O	1		
5200	N4	Ambulance Drop-off Location City, State, Zip Code	O	1		
LOOP ID - 2430					**15**	**N2/5400L**
5400	SVD	Line Adjudication Information	O	1		N2/5400
5450	CAS	Line Adjustment	O	5		
5500	DTP	Line Check or Remittance Date	O	1		
5505	AMT	Remaining Patient Liability	O	1		
LOOP ID - 2440					**>1**	**N2/5510L**
5510	LQ	Form Identification Code	O	1		N2/5510
5520	FRM	Supporting Documentation	M	99		N2/5520
5550	SE	Transaction Set Trailer	M	1		

Not Defined:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
	GE	Functional Group Trailer	M	1		
	IEA	Interchange Control Trailer	M	1		

ISA Interchange Control Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 16

Purpose: To start and identify an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA01	I01	**Authorization Information Qualifier**	M	ID	2/2	Required
		Description: Code identifying the type of information in the Authorization Information **TennCare Notes:** *Preferred value is '00'*				
ISA03	I03	**Security Information Qualifier**	M	ID	2/2	Required
		Description: Code identifying the type of information in the Security Information **TennCare Notes:** *Preferred value is '00'*				
ISA05	I05	**Interchange ID Qualifier**	M	ID	2/2	Required
		Description: Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified **TennCare Notes:** *Preferred value is 'ZZ'*				
ISA06	I06	**Interchange Sender ID**	M	AN	15/15	Required
		Description: Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element **TennCare Notes:** *This value will be the Sender Trading Partner ID for Inbound Transactions. It will be TennCare's ID 626001445TC for Outbound Transactions.*				
ISA07	I05	**Interchange ID Qualifier**	M	ID	2/2	Required
		Description: Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified **TennCare Notes:** *Preferred value is 'ZZ'*				
ISA08	I07	**Interchange Receiver ID**	M	AN	15/15	Required
		Description: Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them **TennCare Notes:** *It will be TennCare's ID 626001445TC for Inbound Transactions. This value will be the Sender Trading Partner ID for Outbound Transactions.*				
ISA09	I08	**Interchange Date**	M	DT	6/6	Required
		Description: Date of the interchange **TennCare Notes:** *Encounters: Adjudication Date should be plugged. Only one adjudication data per file is allowed.*				
ISA13	I12	**Interchange Control Number**	M	N0	9/9	Required
		Description: A control number assigned by the interchange sender **TennCare Notes:** *System generated*				
ISA15	I14	**Interchange Usage Indicator**	M	ID	1/1	Required
		Description: Code indicating whether data enclosed by this interchange envelope is test, production or information				

TennCare Notes:
Use 'T' for Test Transactions and 'P' for Production Transactions.

GS Functional Group Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 8

Purpose: To indicate the beginning of a functional group and to provide control information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GS02	142	**Application Sender's Code**	M	AN	2/15	Required
		Description: Code identifying party sending transmission; codes agreed to by trading partners **TennCare Notes:** *Same as ISA06.*				
GS03	124	**Application Receiver's Code**	M	AN	2/15	Required
		Description: Code identifying party receiving transmission; codes agreed to by trading partners **TennCare Notes:** *Same as ISA08.*				

BHT Beginning of Hierarchical Transaction

Pos: 0100	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 6

Purpose: To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
BHT02	353	**Transaction Set Purpose Code**	M	ID	2/2	Required
		Description: Code identifying purpose of transaction set **TennCare Notes:** *Encounters: 18 is used for replacements of rejected files only. The entire transmission should either be replacements (BHT02 = 18) or originals (BHT02 = 00). Reissues/replacements cannot be mixed and matched with the originals. When a transmission is rejected, the entire transmission should be sent again with an 18 in BHT02.*				
BHT03	127	**Reference Identification**	O	AN	1/50	Required
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **TennCare Notes:** *Batch Control #*				
BHT04	373	**Date**	O	DT	8/8	Required
		Description: Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year **TennCare Notes:** *CCYYMMDD*				
BHT05	337	**Time**	O	TM	4/8	Required
		Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) **TennCare Notes:** *HHMM is a possible format*				
BHT06	640	**Transaction Type Code**	O	ID	2/2	Required
		Description: Code specifying the type of transaction **TennCare Notes:** *Encounters: RP*				

NM1 Submitter Name

Pos: 0200	Max: 1
Heading - Optional	
Loop: 1000A	Elements: 7

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code**	X	AN	2/80	Required
		Description: Code identifying a party or other code				
		Encounter Notes: *Error Message: TennCare Requires 1000A NM109 to be Same Value as ISA06 Description: The data value in loop 1000A segment NM109 Identification Code must be the same data value contained in the ISA06 segment.* **TennCare Notes:** *This value will be the Trading Partner ID/Submitter ID. Same as ISA06.*				

NM1 Receiver Name

Pos: 0200	Max: 1
Heading - Optional	
Loop: 1000B	Elements: 5

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code**	X	AN	2/80	Required
		Description: Code identifying a party or other code **TennCare Notes:** *Receiver Code. Same as ISA08.*				

PRV Billing Provider Specialty Information

Pos: 0030 **Max: 1**
Detail - Optional
Loop: 2000A **Elements: 3**

Purpose: To specify the identifying characteristics of a provider

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PRV03	127	**Reference Identification**	X	AN	1/50	Required
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **TennCare Notes:** *Taxonomy code is required on FFS and encounter claims in 2000A when Rendering Provider = Billing/Pay-To Provider and 2310B is not used.* **ExternalCodeList** **Name:** 682 **Description:** Health Care Provider Taxonomy				

Encounter Notes:

Error Message: BILLING/PAY-TO PROVIDER MISSING - Loop Required by TennCare (2000A or 2310B 837P). Details: Either the PRV segment in Loop 2000A OR PRV in Loop 2310B will be required.

NM1 Billing Provider Name

Pos: 0150	Max: 1
Detail - Optional	
Loop: 2010AA	Elements: 8

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code**	X	AN	2/80	Situational

Description: Code identifying a party or other code

Encounter Notes:
Error Message: NPI MUST BE THE BILLING PROVIDER PRIMARY IDENTIFIER. Detail: Excludes denied claims with ARC 107. If the Billing Provider is a HealthCare provider (not atypical), If 2010AA NM108 value is = XX and the 2010AA NM109 value is not 10 digits or does not contain a correct check digit, set edit. An atypical provider is identified by the taxonomy code in 2000/PRV03 where PRV01=BI and is defined as any on the taxonomy listing provided by TennCare in the "Taxonomy Codes with healthcare provider Indicator 20071016" document. These are defined by TennCare as healthcare providers and non-healthcare providers (the N values are Atypical).

N3 Billing Provider Address

Pos: 0250	Max: 1
Detail - Optional	
Loop: 2010AA	Elements: 2

Purpose: To specify the location of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N301	166	**Address Information**	M	AN	1/55	Required

Description: Address information

TennCare Notes:
This is the submitter's address/the billing provider's address for FFS claims. On an encounter, the correct address will be maintained on the provider's master file.

N4 Billing Provider City, State, ZIP Code

Pos: 0300	Max: 1
Detail - Optional	
Loop: 2010AA	Elements: 5

Purpose: To specify the geographic place of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N404	26	**Country Code**	X	ID	2/3	Situational
		Description: Code identifying the country				
		Encounter Notes: *Error Message: Country Code N404 Invalid. TennCare Requires Services to be provided in the United States. Description: If the Provider has a country code N404 other than 'US', 'PR', 'VI' , 'GU' , 'MP' , 'AS' (United States /US Territories) set the edit.*				

REF Billing Provider Tax Identification

Pos: 0350	Max: 1
Detail - Optional	
Loop: 2010AA	Elements: 2

Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required

Description: Code qualifying the Reference Identification

TennCare Notes:

1. G2 - TennCare ID, with G2 MCCs submit their monthly Provider Enrollment file.

2. Instead of G2 as the TennCare ID, BCBS may use 1A or 1B for REF01 identifier as required ID.

3. Medicaid ID may be provided when available.

NM1 Pay-to Address Name

Pos: 0150	Max: 1
Detail - Optional	
Loop: 2010AB	Elements: 2

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required
		Description: Code identifying an organizational entity, a physical location, property or an individual **TennCare Notes:** *Pay-to provider can be sent sometimes on TennCare*				

N4 Pay-to Address City, State, ZIP Code

Pos: 0300	Max: 1
Detail - Optional	
Loop: 2010AB	Elements: 5

Purpose: To specify the geographic place of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N404	26	**Country Code**	X	ID	2/3	Situational
		Description: Code identifying the country				
		Encounter Notes: *Error Message: Country Code N404 Invalid. TennCare Requires Services to be provided in the United States. Description: If the Provider has a country code N404 other than 'US', 'PR', 'VI' , 'GU' , 'MP' , 'AS' (United States /US Territories) set the edit.*				

N4 Pay-To Plan City, State, ZIP Code

Pos: 0300	Max: 1
Detail - Optional	
Loop: 2010AC	Elements: 5

Purpose: To specify the geographic place of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N404	26	**Country Code**	X	ID	2/3	Situational
		Description: Code identifying the country				
		Encounter Notes: *Error Message: Country Code N404 Invalid. TennCare Requires Services to be provided in the United States. Description: If the Provider has a country code N404 other than 'US', 'PR', 'VI' , 'GU' , 'MP' , 'AS' (United States /US Territories) set the edit.*				

SBR Subscriber Information

Pos: 0050	Max: 1
Detail - Optional	
Loop: 2000B	Elements: 6

Purpose: To record information specific to the primary insured and the insurance carrier for that insured

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SBR01	1138	**Payer Responsibility Sequence Number Code**	M	ID	1/1	Required
		Description: Code identifying the insurance carrier's level of responsibility for a payment of a claim **TennCare Notes:** *Encounters: P*				
SBR02	1069	**Individual Relationship Code**	O	ID	2/2	Situational
		Description: Code indicating the relationship between two individuals or entities **TennCare Notes:** *'18' =Self. Specifies that the subscriber is the patient The value shall be blank for the patient information to come in the dependent loop*				
SBR03	127	**Reference Identification**	O	AN	1/50	Situational
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **TennCare Notes:** *Encounters: SSN*				
SBR05	1336	**Insurance Type Code**	O	ID	1/3	Situational
		Description: Code identifying the type of insurance policy within a specific insurance program **TennCare Notes:** *Tenncare currently uses its subcriber number to reference any insurance type information housed in its own files*				
SBR09	1032	**Claim Filing Indicator Code**	O	ID	1/2	Situational
		Description: Code identifying type of claim **TennCare Notes:** *Encounters: MC*				

NM1 Subscriber Name

Pos: 0150	Max: 1
Detail - Optional	
Loop: 2010BA	Elements: 8

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code**	X	AN	2/80	Situational

Description: Code identifying a party or other code

Encounter Notes:
Error Message: TennCare requires the Member Identification Number to be a numeric value either 9 or 11 bytes in length with no separators. Description: 2010BA NM109 where NM108=MI (NM109 67 Identification Code) Social Security Number as the Member ID, must be a string of exactly 9 numbers with no separators. RID must be a string of 11

TennCare Notes:
Encounters: Recipient's SSN.

NM1 Payer Name

Pos: 0150	Max: 1
Detail - Optional	
Loop: 2010BB	Elements: 5

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM103	1035	**Name Last or Organization Name**	X	AN	1/60	Required
		Description: Individual last name or organizational name **TennCare Notes:** *'TENNCARE'*				
NM108	66	**Identification Code Qualifier**	X	ID	1/2	Required
		Description: Code designating the system/method of code structure used for Identification Code (67) **TennCare Notes:** *'PI'*				
NM109	67	**Identification Code**	X	AN	2/80	Required
		Description: Code identifying a party or other code **Encounter Notes:** *Error Message: PAYER NAME IDENTIFICATION NUMBER INVALID - TennCare Required ID Number Is Missing (837P: 2010BB/NM109).* *Details: If (837P: 2010BB/NM109 where NM101=PR).* **TennCare Notes:** *626001445*				

REF Billing Provider Secondary Identification

Pos: 0350	Max: 2
Detail - Optional	
Loop: 2010BB	Elements: 2

Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required
		Description: Code qualifying the Reference Identification **Encounter Notes:** *Error Message: TennCare Does not allow multiple provider identifiers within the same provider loop. If NPI is billed, Medicaid ID is not allowed.* *Description: If the claim has a provider loop billed with NPI (NM108=XX) then REF02, where REF01 G2, is not allowed.*				
REF02	127	**Reference Identification**	X	AN	1/50	Required
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Encounter Notes:** *Error Message: TennCare requires Medicaid Identification Number to be a 7 digit alpha numeric value.* *Description: For all primary payer providers if REF01 = G2 then REF02 must be 7 byte alpha/numeric.*				

Encounter Notes:

Error Message: TennCare Requires a 7 digit Medicaid ID if no NPI is billed for the provider.

Description: If no NPI is present in (2010AA NM108=XX) then 2010BB REF02 must contain a 7 byte alpha/numeric Medicaid ID with REF01=G2.

CLM Claim Information

Pos: 1300	Max: 1
Detail - Optional	
Loop: 2300	Elements: 11

Purpose: To specify basic data about the claim

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CLM05-03	1325	**Claim Frequency Type Code**	O	ID	1/1	Required
		Description: Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type **Encounter Notes:** *Error Message: CLAIM FREQUENCY CODE 7 IS NOT ALLOWED - Replacement Encounter Claims Are Not Processed By TennCare (2300/CLM05-3).* *Details: If 2300/CLM05-3 is equal to "7", then error*				

REF Payer Claim Control Number

Pos: 1800	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Encounter Notes:
Error Message: REQUIRED ORIGINAL REFERENCE NUMBER MISSING -TennCare Requires a Voided Claim (CLM05-3 = 8) To Be Submitted With The Original Claim Number (REF02 when REF01= F8).

Details: If 2300/CLM05-3 = 8 and if no data in 2300/REF02 where REF01=F8, then set edit. If 2300/REF01=F8 segment is missing, set the edit.

K3 File Information

Pos: 1850	Max: 10
Detail - Optional	
Loop: 2300	Elements: 1

Purpose: To transmit a fixed-format record or matrix contents

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
K301	449	**Fixed Format Information**	M	AN	1/80	Required

Description: Data in fixed format agreed upon by sender and receiver

Encounter Notes:

Error Message: ENCOUNTER DATE OF RECEIPT IS MISSING - TennCare Requires A Valid MCC Encounter Receipt Date (2300/K301). Valid format CCYYMMDD.

Details: Edit should be applied to the 2300/K301 only. The edit for 837P should be to verify that the MCC Receipt Date (2300/K301) exists (MUST BE USED) and well formatted (Lexical format CCYYMMDD). The error message is displayed as a SNIP 7 error instead of SNIP 2. Removed the Lexical format rule for this element. The date for this element should be in the CCYYMMDD format.

NTE Claim Note

Pos: 1900	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

Purpose: To transmit information in a free-form format, if necessary, for comment or special instruction

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NTE02	352	**Description**	M	AN	1/80	Required

Description: A free-form description to clarify the related data elements and their content

Encounter Notes:

Error Message: REQUIRED CLAIM SEQUENCE NUMBER MISSING -TennCare sequencer is defined as the first subcomponent (NTE02-1) of the 2300 NTE02 where the NTE01 = ADD.

Details: 2300 NTE02 is Required for TennCare.The ONLY allowed NTE01 qualifier is 'ADD'.HIPAA defined standard element of length 80. The edit parses the NTE02 when NTE01 = "ADD",from the beginning of the element until either the segment terminator or the pipe symbol "|" is encountered. If the pipe symbol is encountered, all bytes following it until the segment terminator are the claim note and all bytes prior to the pipe are to be considered the Processing Sequence Identifier. If no pipe is found then the entire contents are considered Processing Sequence Identifier (80 bytes).This is a SNIP 1 error.The SNIP 7 error will set when the NTE02 is missing. NTE02 where NTE01=ADD should start with the MCC Receipt Date.

Error Message: MAXIMUM NUMBER OF CLAIM DETAILS EXCEEDED - More Than 50 Details Must Indicate Paper Original CMS 1500 Form (2300/NTE02) .

Details: The limit for (837P) CMS1500 paper claim service lines is 99. The ONLY allowed NTE01 qualifier is 'ADD'. This data element is parsed when NTE01 = "ADD", from the beginning of the element until either the segment terminator or the pipe symbol "|" is encountered. The pipe symbol is used by TennCare to specifiy 'paper' in the NTE02-2 (value after the pipe). TennCare allows the MCCs to use NTE02 with a value of 'paper' to indicate that more than 50 detail lines may be present. 837P ONLY: If NTE02 contains the value 'paper', then the maximun allowed number of 2400 Loop service lines is '99'. Fail > 99 . Fail > 50 w/out 'paper'.

REF Referring Provider Secondary Identification

Pos: 2710 **Max: 3**
Detail - Optional
Loop: 2310A **Elements: 2**

Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	X	AN	1/50	Required
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
		Encounter Notes: *Error Message: TennCare requires Medicaid Identification Number to be a 7 digit alpha numeric value.* *Description: For all primary payer providers if REF01 = G2 then REF02 must be 7 byte alpha/numeric.*				

PRV Rendering Provider Specialty Information

Pos: 2550	**Max: 1**
Detail - Optional	
Loop: 2310B	**Elements: 3**

Purpose: To specify the identifying characteristics of a provider

Encounter Notes:

Error Message: BILLING/PAY-TO PROVIDER MISSING - Loop Required by TennCare (2000A or 2310B 837P). Details: Either the PRV segment in Loop 2000A OR PRV in Loop 2310B will be required.

REF Rendering Provider Secondary Identification

Pos: 2710 **Max: 4**
Detail - Optional
Loop: 2310B **Elements: 2**

Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required
		Description: Code qualifying the Reference Identification **Encounter Notes:** *Error Message: TennCare Does not allow multiple provider identifiers within the same provider loop. If NPI is billed, Medicaid ID is not allowed.* *Description: If the claim has a provider loop billed with NPI (NM108=XX) then REF02, where REF01 G2, is not allowed.*				
REF02	127	**Reference Identification**	X	AN	1/50	Required
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **Encounter Notes:** *Error Message: TennCare requires Medicaid Identification Number to be a 7 digit alpha numeric value.* *Description: For all primary payer providers if REF01 = G2 then REF02 must be 7 byte alpha/numeric.*				

Encounter Notes:

Error Message: TennCare Requires a 7 digit Medicaid ID if no NPI is billed for the provider.

Description: If no NPI is present in (2310B NM108=XX) then 2310B REF02 must contain a 7 byte alpha/numeric Medicaid ID with REF01=G2.

N4 Service Facility Location City, State, ZIP Code

Pos: 2700 **Max: 1**
Detail - Optional
Loop: 2310C **Elements: 5**

Purpose: To specify the geographic place of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N404	26	**Country Code**	X	ID	2/3	Situational

Description: Code identifying the country

Encounter Notes:
Error Message: Country Code N404 Invalid. TennCare Requires Services to be provided in the United States.

Description: If the Provider has a country code N404 other than 'US', 'PR', 'VI' , 'GU' , 'MP' , 'AS' (United States /US Territories) set the edit.

REF Service Facility Location Secondary Identification

Pos: 2710	Max: 3
Detail - Optional	
Loop: 2310C	Elements: 2

Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Encounter Notes:
Error Message: TennCare requires Medicaid Identification Number to be a 7 digit alpha numeric value.

Description: For all primary payer providers if REF01 = G2 then REF02 must be 7 byte alpha/numeric.

REF Supervising Provider Secondary Identification

Pos: 2710 **Max: 4**
Detail - Optional
Loop: 2310D **Elements: 2**

Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	X	AN	1/50	Required
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
		Encounter Notes: *Error Message: TennCare requires Medicaid Identification Number to be a 7 digit alpha numeric value.* *Description: For all primary payer providers if REF01 = G2 then REF02 must be 7 byte alpha/numeric.*				

N4 Ambulance Pick-up Location City, State, Zip Code

Pos: 2700 **Max: 1**
Detail - Optional
Loop: 2310E **Elements: 5**

Purpose: To specify the geographic place of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N404	26	**Country Code**	X	ID	2/3	Situational

Description: Code identifying the country

Encounter Notes:
Error Message: Country Code N404 Invalid. TennCare Requires Services to be provided in the United States.

Description: If the Provider has a country code N404 other than 'US', 'PR', 'VI' , 'GU' , 'MP' , 'AS' (United States /US Territories) set the edit.

N4 Ambulance Drop-off Location City, State, Zip Code

Pos: 2700 **Max: 1**
Detail - Optional
Loop: 2310F **Elements: 5**

Purpose: To specify the geographic place of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N404	26	**Country Code**	X	ID	2/3	Situational

Description: Code identifying the country

Encounter Notes:
Error Message: Country Code N404 Invalid. TennCare Requires Services to be provided in the United States.

Description: If the Provider has a country code N404 other than 'US', 'PR', 'VI' , 'GU' , 'MP' , 'AS' (United States /US Territories) set the edit.

Loop Other Subscriber Information

Pos: 2900	Repeat: 10
Optional	
Loop: 2320	Elements: N/A

Purpose: To record information specific to the primary insured and the insurance carrier for that insured

Loop Summary:

Pos	Id	Segment Name	Req	Max Use	Repeat
2900	SBR	Other Subscriber Information	O	1	
2950	CAS	Claim Level Adjustments	O	5	
3000	AMT	Coordination of Benefits (COB) Payer Paid Amount	O	1	
3000	AMT	Coordination of Benefits (COB) Total Non-covered Amount	O	1	
3000	AMT	Remaining Patient Liability	O	1	
3100	OI	Other Insurance Coverage Information	O	1	
3200	MOA	Outpatient Adjudication Information	O	1	
3250		Loop 2330A	O		1
3250		Loop 2330B	O		1
3250		Loop 2330C	O		2
3250		Loop 2330D	O		1
3250		Loop 2330E	O		1
3250		Loop 2330F	O		1
3250		Loop 2330G	O		1

Encounter Notes:

Error Message: Denied Claim (ARC 107) Not Allowed With Paid Amount Greater Than Zero.

Details: Adjustment Reason Code (ARC) 107 is used by TennCare to indicate a denied claim and/or detail. Placement of ARC 107 in the header CAS segment indicates that the entire claim is denied. Denied claims should not have a header or any detail paid amounts other than 0; otherwise, set a Normal edit.
If a detail line is denied – ARC 107 in detail level CAS - then the detail line should have a paid amount of 0; otherwise, set Normal edit status.
*If all details have an ARC 107 then the header is denied and header level rules should apply.IF the 2330B loop REF01 = 2U where REF02 [1-3 bytes] = MCC. (This will eliminate non-MCC TPL loops).7/9/09 Change Request: Claims are setting incorrectly on TPL loops. The edit should only set on MCC 2330B loops and service lines. MCC Service lines are indicated if SVD01 matches 2330B NM109 value for the loop where the first 3 bytes of REF*2U ='MCC'.*

Error Message: Capitated Claim (ARC 24) Not Allowed With Paid Amount Greater Than Zero.

Details: Adjustment Reason Code (ARC) 24 is used by TennCare to indicate a capitated claim and/or detail. Placement of ARC 24 in the header CAS segment indicates that the entire claim is capitated. Capitated claims should not have a header or any detail paid amounts other than 0; otherwise, set a Normal edit.
If a detail line is capitated – ARC 24 in detail level CAS - then the detail line should have a paid amount of 0; otherwise, set Normal edit status. If all details have an ARC 24 then the header is capitated and header level rules should apply.IF the 2330B loop REF01 = 2U where REF02 [1-3 bytes] = MCC. (This will eliminate non-MCC TPL loops).
*7/9/09 Change Request: Claims are setting incorrectly on TPL loops. The edit should only set on MCC 2330B loops and service lines. MCC Service lines are indicated if SVD01 matches 2330B NM109 value for the loop where the first 3 bytes of REF*2U ='MCC'.*

Error Message: MCC PAID AMOUNT CANNOT BE GREATER THAN MCC ALLOWED AMOUNT - Allowed Amount 2320/AMT02.

Details: Allowed amount = 2320/AMT02 where AMT01=B6.Paid amount = 2320/AMT02 where AMT01=D (Payer Paid Amount). Because AMT01=B6 has been removed, edit will have to calculate the allowed amount.
If paid amount > allowed amount, then error.

CAS Claim Level Adjustments

Pos: 2950	Max: 5
Detail - Optional	
Loop: 2320	Elements: 19

Purpose: To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CAS02	1034	**Claim Adjustment Reason Code**	M	ID	1/5	Required
		Description: Code identifying the detailed reason the adjustment was made **Encounter Notes:** *Error Message: VALUE OF ELEMENT CAS INCORRECT - ARC NOT ALLOWED BY TENNCARE.* *Details: All Adjustment Reason Codes must be valid according to national code list or TennCare code list. TennCare Allowed:1. 107 - MCC Denied claim (different use for TennCare) 2. B2 - Reform counting covered service (inactive) 3. B19 - Reform appeal for TennCare (inactive) 4. 63 - Correction to a Prior Claim (inactive).*				
CAS05	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational
		Description: Code identifying the detailed reason the adjustment was made **Encounter Notes:** *Error Message: VALUE OF ELEMENT CAS INCORRECT - ARC NOT ALLOWED BY TENNCARE.* *Details: All Adjustment Reason Codes must be valid according to national code list or TennCare code list. TennCare Allowed:1. 107 - MCC Denied claim (different use for TennCare) 2. B2 - Reform counting covered service (inactive) 3. B19 - Reform appeal for TennCare (inactive) 4. 63 - Correction to a Prior Claim (inactive).*				
CAS08	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational
		Description: Code identifying the detailed reason the adjustment was made **Encounter Notes:** *Error Message: VALUE OF ELEMENT CAS INCORRECT - ARC NOT ALLOWED BY TENNCARE.* *Details: All Adjustment Reason Codes must be valid according to national code list or TennCare code list. TennCare Allowed:1. 107 - MCC Denied claim (different use for TennCare) 2. B2 - Reform counting covered service (inactive) 3. B19 - Reform appeal for TennCare (inactive) 4. 63 - Correction to a Prior Claim (inactive).*				
CAS11	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational
		Description: Code identifying the detailed reason the adjustment was made **Encounter Notes:** *Error Message: VALUE OF ELEMENT CAS INCORRECT - ARC NOT ALLOWED BY TENNCARE.* *Details: All Adjustment Reason Codes must be valid according to national code list or TennCare code list. TennCare Allowed:1. 107 - MCC Denied claim (different use for TennCare) 2. B2 - Reform counting covered service (inactive) 3. B19 - Reform appeal for TennCare (inactive) 4. 63 - Correction to a Prior Claim (inactive).*				
CAS14	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational
		Description: Code identifying the detailed reason the adjustment was made **Encounter Notes:** *Error Message: VALUE OF ELEMENT CAS INCORRECT - ARC NOT ALLOWED BY TENNCARE.* *Details: All Adjustment Reason Codes must be valid according to national code list or TennCare code list. TennCare Allowed:1. 107 - MCC Denied claim (different use for TennCare) 2. B2 - Reform counting covered service (inactive) 3. B19 - Reform appeal for TennCare (inactive) 4. 63 - Correction to a Prior Claim (inactive).*				

CAS17	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational

Description: Code identifying the detailed reason the adjustment was made

Encounter Notes:
Error Message: VALUE OF ELEMENT CAS INCORRECT - ARC NOT ALLOWED BY TENNCARE.

Details: All Adjustment Reason Codes must be valid according to national code list or TennCare code list. TennCare Allowed:1. 107 - MCC Denied claim (different use for TennCare) 2. B2 - Reform counting covered service (inactive) 3. B19 - Reform appeal for TennCare (inactive) 4. 63 - Correction to a Prior Claim (inactive).

AMT Coordination of Benefits (COB) Payer Paid Amount

Pos: 3000	Max: 1
Detail - Optional	
Loop: 2320	Elements: 2

Purpose: To indicate the total monetary amount

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
AMT01	522	**Amount Qualifier Code**	M	ID	1/3	Required
		Description: Code to qualify amount				
		Code **Name** D Payor Amount Paid				
AMT02	782	**Monetary Amount**	M	R	1/18	Required
		Description: Monetary amount				

Encounter Notes:

Error Message: Capitated Claim (ARC 24) Not Allowed With Paid Amount Greater Than Zero

Detail: Adjustment Reason Code (ARC) 24 is used by TennCare to indicate a capitated claim and/or detail. Placement of ARC 24 in the header CAS segment indicates that the entire claim is capitated. Capitated claims should not have a header or any detail paid amounts other than 0; otherwise, set a Normal edit.
If a detail line is capitated – ARC 24 in detail level CAS - then the detail line should have a paid amount of 0; otherwise, set Normal edit status.
If all details have an ARC 24 then the header is capitated and header level rules should apply.
IF the 2330B loop REF01 = 2U where REF02 [1-3 bytes] = MCC. (This will eliminate non-MCC TPL loops).

Error Message: Denied Claim (ARC 107) Not Allowed With Paid Amount Greater Than Zero.

Detail: Adjustment Reason Code (ARC) 107 is used by TennCare to indicate a denied claim and/or detail. Placement of ARC 107 in the header CAS segment indicates that the entire claim is denied. Denied claims should not have a header or any detail paid amounts other than 0; otherwise, set a Normal edit.
If a detail line is denied – ARC 107 in detail level CAS - then the detail line should have a paid amount of 0; otherwise, set Normal edit status.
If all details have an ARC 107 then the header is denied and header level rules should apply. IF the 2330B loop REF01 = 2U where REF02 [1-3 bytes] = MCC. (This will eliminate non-MCC TPL loops)

Error Message: MCC PAID AMOUNT CANNOT BE GREATER THAN MCC ALLOWED AMOUNT - Allowed Amount 2320/AMT02.

Detail: Paid amount = 2320/AMT02 where AMT01=D(Payer Paid Amount). If paid amount > allowed amount, then error.

DTP Claim Check or Remittance Date

Pos: 3500 **Max: 1**
Detail - Optional
Loop: 2330B **Elements: 3**

Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period**	M	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times

Encounter Notes:

Error Message: CLAIM ADJUDICATION DATE MUST BE GREATER THAN OR EQUAL TO FROM DATE OF SERVICE.

*Details: If any claim service from date (2400 DTP03)is greater than the MCC Claim Adjudication Date (2330B/DTP where DTP01=573), then the claim is in error. Flag the error at the 2330B DTP02.The DTP02 should be inspected and if the DTP02=RD8, then the Begin date (FROM Date - the first date in the date range) should be used for comparing against the Adjudication Date. For example, if the DTP segment looked like "DTP*472*RD8*20080911-20080922" the Service date would be "20080911".Adjudication Date edits apply only to the MCC loops.Edits do not apply to other payer loops.*

Error Message: CLAIM ADJUDICATION DATE MUST BE GREATER THAN OR EQUAL TO THROUGH DATE OF SERVICE.

Details: If any claim service 'through' date(2400 DTP03) is greater than the MCC Claim Adjudication Date (2330B/DTP where DTP01=573), then the claim is in error. Flag the error at the 2330B DTP02.
Exclusion: If 837P and first digit of any line with SV1-2 equal alpha 'E', do not apply edit to the claim. The DTP02 should be inspected and if the DTP02=RD8, then the End date (the last date in the date range) should be used for comparing against the Adjudication Date.
*For example, if the DTP segment looked like "DTP*472*RD8*20080911-20080922" the Service date would be "20080922".Adjudication Date edits apply only to the MCC loops.Edits do not apply to other payer loops.*

REF Other Payer Secondary Identifier

Pos: 3550	Max: 2
Detail - Optional	
Loop: 2330B	Elements: 2

Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	X	AN	1/50	Required
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
		Encounter Notes: *Error Message: REQUIRED ENCOUNTER SEGMENT MISSING - TennCare requires at least one 2330B/REF02 segment with REF01=2U for Encounter Claims.* *Details: Edit will verify that one REF segment at the 2330B level with a REF01=2U is present to indicate the MCC ID.7/9/09 Change Request: Edit will verify that one REF segment at the 2330B level with a REF01=2U, with the first 3 bytes = MCC, is present to indicate the MCC ID.* *If value 'MCC' is found do not edit any remaining REF02 segments.* *If value 'MCC' is not found, set edit.* *Error Message: MISSING OR INVALID TPL CARRIER CODE - NOT VALID FOR TENNCARE (Data in 2330B REF02 not on TennCare code list).* *Details: TennCare Requires the MCC to use valid Third Party Liability carrier codes when reporting TPL payments. Verify that the value submitted in 2330B/REF02 if REF01=2U is contained on the table. If not, set the edit. Must use TN table of carrier codes as a custom code list.*				

Encounter Notes:

Error Message: TennCare Requires an REF02 - OTHER PAYER SECONDARY IDENTIFIER (2U) for each 2330B loop

Description: REF01=2U and REF02=Secondary Payer Identification Number must be present on every 2330B loop

REF Other Payer Claim Control Number

Pos: 3550	Max: 1
Detail - Optional	
Loop: 2330B	Elements: 2

Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Encounter Notes:

Error Message : REQUIRED MCC ICN MISSING OR INVALID - 2330B/REF02 Must Contain a Valid Internal Control Number.

Details: Mandatory element for MCC loop. If 2330B/REF02=0's or 9's or blank, If REF01 = F8. This edit should set if the qualifier is F8 and the REF02 is zeros or all nines or if missing. Applies only to the MCC loop, not to Third Party Payer loops. The MCCID identifies the MCC loop as 2330B/REF02 when the 2330B/REF01=2U AND 2330B/REF02 has the first three bytes of MCC. If the 2330B loop does not contain this MCC ID, do not apply the edit to require the ICN.

SV1 Professional Service

Pos: 3700	Max: 1
Detail - Optional	
Loop: 2400	Elements: 10

Purpose: To specify the service line item detail for a health care professional

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SV104	380	**Quantity**	X	R	1/15	Required

Description: Numeric value of quantity

Encounter Notes:
Error Message: INVALID HOUR OR MINUTES OF ANESTHESIA 837P - If 2400/SV103 = MJ, Minutes Must Be Valid Format and Numeric (2400/SV104).

Details: Excludes denied claims with ARC 107. Applies to 837P Physician claims only. If 2400/SV103 = MJ, check 2400/SV104 value. If anesthesia minutes is not numeric or not greater than 0, set this error.
9/28/10 5010 Planning: If there is no standard HIPAA edit to catch this it needs to be coded.

Error Message: Service Line Quantity Cannot Be Less Than or Equal to Zero

Description: If the service line Quantity amount is equal to zero or less than zero, set the edit. 837I (2400 SV104).

DTP Date - Service Date

Pos: 4550	Max: 1
Detail - Optional	
Loop: 2400	Elements: 3

Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period**	M	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times

Encounter Notes:

Error Message: DATE OF SERVICE CANNOT BE BEFORE DATE OF BIRTH -All services must take place on or after the date of birth(2010CA/DMG02 or 2010BA/DMG02).

Details: Excludes denied claims with ARC 107.2400/DTP03 (DTP01=472)], date of birth = 2010BA/DMG02 or 2010CA/DMG02. Error if date of birth is after date of service. All services must take place on or after the date of birth.

Error Message: ENCOUNTER DATE OF SERVICE CANNOT BE GREATER THAN MCC RECEIPT DATE (2300/K301).

Details: The edit applies to 2400 service dates.
If any service date (837 P: 2400/DTP03 where DTP01=472) is greater than the MCC Receipt Date (2300/K301), then that service date is in error. The DTP02 should be inspected and if the DTP02=RD8, then the Begin date (the first date in the date range) should be used for comparing against the Receipt Date.
*For example, if the DTP segment looked like "DTP*472*RD8*20060911-20060922" the Service date would be "20060911".*

LIN Drug Identification

Pos: 4930	Max: 1
Detail - Optional	
Loop: 2410	Elements: 2

Purpose: To specify basic item identification data

Encounter Notes:

Error Message: NDC MISSING –TENNCARE REQUIRED (2410 LIN) WHEN HCPCS J-CODE IS PRESENT ON SERVICE LINE .

Details: If 2400 SV2-2 or SV1-2 on the service line begins with an alpha J and no 2410 LIN is found on the same service line, set the edit. Exclude inpatient claims on the 837I.9/28/10 5010 Planning: Set Edit from WARNING to NORMAL.

CTP Drug Quantity

Pos: 4940	Max: 1
Detail - Optional	
Loop: 2410	Elements: 2

Purpose: To specify pricing information

Encounter Notes:

Error Message: 2410 CTP SEGMENT MISSING – REQUIRED BY TENNCARE WHEN THE HCPCS J-CODE IS PRESENT.

Details: If a HCPCS J-Code is present in the service line with an NDC (2410 LIN03) the 2410 CTP segment is required on the same service line.

REF Rendering Provider Secondary Identification

Pos: 5250 **Max: 20**
Detail - Optional
Loop: 2420A **Elements: 3**

Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	X	AN	1/50	Required
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
		Encounter Notes: *Error Message: TennCare requires Medicaid Identification Number to be a 7 digit alpha numeric value.* *Description: For all primary payer providers if REF01 = G2 then REF02 must be 7 byte alpha/numeric.*				

REF Purchased Service Provider Secondary Identification

Pos: 5250	Max: 20
Detail - Optional	
Loop: 2420B	Elements: 3

Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	X	AN	1/50	Required
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
		Encounter Notes: *Error Message: TennCare requires Medicaid Identification Number to be a 7 digit alpha numeric value.* *Description: For all primary payer providers if REF01 = G2 then REF02 must be 7 byte alpha/numeric.*				

N4 Service Facility Location City, State, ZIP Code

Pos: 5200 **Max: 1**
Detail - Optional
Loop: 2420C **Elements: 5**

Purpose: To specify the geographic place of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N404	26	**Country Code**	X	ID	2/3	Situational

Description: Code identifying the country

Encounter Notes:
Error Message: Country Code N404 Invalid. TennCare Requires Services to be provided in the United States.

Description: If the Provider has a country code N404 other than 'US', 'PR', 'VI' , 'GU' , 'MP' , 'AS' (United States /US Territories) set the edit.

REF Service Facility Location Secondary Identification

Pos: 5250	Max: 3
Detail - Optional	
Loop: 2420C	Elements: 3

Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	X	AN	1/50	Required
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
		Encounter Notes: *Error Message: TennCare requires Medicaid Identification Number to be a 7 digit alpha numeric value.* *Description: For all primary payer providers if REF01 = G2 then REF02 must be 7 byte alpha/numeric.*				

REF Supervising Provider Secondary Identification

Pos: 5250	Max: 20
Detail - Optional	
Loop: 2420D	Elements: 3

Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	X	AN	1/50	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Encounter Notes:
Error Message: TennCare requires Medicaid Identification Number to be a 7 digit alpha numeric value.

Description: For all primary payer providers if REF01 = G2 then REF02 must be 7 byte alpha/numeric.

N4 Ordering Provider City, State, ZIP Code

Pos: 5200 **Max: 1**
Detail - Optional
Loop: 2420E **Elements: 5**

Purpose: To specify the geographic place of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N404	26	**Country Code**	X	ID	2/3	Situational

Description: Code identifying the country

Encounter Notes:
Error Message: Country Code N404 Invalid. TennCare Requires Services to be provided in the United States.

Description: If the Provider has a country code N404 other than 'US', 'PR', 'VI' , 'GU' , 'MP' , 'AS' (United States /US Territories) set the edit.

REF Ordering Provider Secondary Identification

Pos: 5250 **Max: 20**
Detail - Optional
Loop: 2420E **Elements: 3**

Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	X	AN	1/50	Required
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
		Encounter Notes: *Error Message: TennCare requires Medicaid Identification Number to be a 7 digit alpha numeric value.* *Description: For all primary payer providers if REF01 = G2 then REF02 must be 7 byte alpha/numeric.*				

REF Referring Provider Secondary Identification

Pos: 5250 **Max: 20**
Detail - Optional
Loop: 2420F **Elements: 3**

Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	X	AN	1/50	Required
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
		Encounter Notes: *Error Message: TennCare requires Medicaid Identification Number to be a 7 digit alpha numeric value.* *Description: For all primary payer providers if REF01 = G2 then REF02 must be 7 byte alpha/numeric.*				

N4 Ambulance Pick-up Location City, State, Zip Code

Pos: 5200	Max: 1
Detail - Optional	
Loop: 2420G	Elements: 5

Purpose: To specify the geographic place of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N404	26	**Country Code**	X	ID	2/3	Situational

Description: Code identifying the country

Encounter Notes:

Error Message: Country Code N404 Invalid. TennCare Requires Services to be provided in the United States.

Description: If the Provider has a country code N404 other than 'US', 'PR', 'VI' , 'GU' , 'MP' , 'AS' (United States /US Territories) set the edit.

N4 Ambulance Drop-off Location City, State, Zip Code

Pos: 5200 **Max: 1**
Detail - Optional
Loop: 2420H **Elements: 5**

Purpose: To specify the geographic place of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N404	26	**Country Code**	X	ID	2/3	Situational

Description: Code identifying the country

Encounter Notes:
Error Message: Country Code N404 Invalid. TennCare Requires Services to be provided in the United States.

Description: If the Provider has a country code N404 other than 'US', 'PR', 'VI' , 'GU' , 'MP' , 'AS' (United States /US Territories) set the edit.

Loop Line Adjudication Information

Pos: 5400	Repeat: 15
Optional	
Loop: 2430	Elements: N/A

Purpose: To convey service line adjudication information for coordination of benefits between the initial payers of a health care claim and all subsequent payers

Loop Summary:

Pos	Id	Segment Name	Req	Max Use	Repeat
5400	SVD	Line Adjudication Information	O	1	
5450	CAS	Line Adjustment	O	5	
5500	DTP	Line Check or Remittance Date	O	1	
5505	AMT	Remaining Patient Liability	O	1	

Encounter Notes:

Error Message: Denied Claim (ARC 107) Not Allowed With Paid Amount Greater Than Zero.

Details: Adjustment Reason Code (ARC) 107 is used by TennCare to indicate a denied claim and/or detail. Placement of ARC 107 in the header CAS segment indicates that the entire claim is denied. Denied claims should not have a header or any detail paid amounts other than 0; otherwise, set a Normal edit.
If a detail line is denied – ARC 107 in detail level CAS - then the detail line should have a paid amount of 0; otherwise, set Normal edit status.
If all details have an ARC 107 then the header is denied and header level rules should apply.
IF the 2330B loop REF01 = 2U where REF02 [1-3 bytes] = MCC. (This will eliminate non-MCC TPL loops).

*7/9/09 Change Request: Claims are setting incorrectly on TPL loops. The edit should only set on MCC 2330B loops and service lines. MCC Service lines are indicated if SVD01 matches 2330B NM109 value for the loop where the first 3 bytes of REF*2U ='MCC'.*

Error Message: Capitated Claim (ARC 24) Not Allowed With Paid Amount Greater Than Zero.

Details: Adjustment Reason Code (ARC) 24 is used by TennCare to indicate a capitated claim and/or detail. Placement of ARC 24 in the header CAS segment indicates that the entire claim is capitated. Capitated claims should not have a header or any detail paid amounts other than 0; otherwise, set a Normal edit.
If a detail line is capitated – ARC 24 in detail level CAS - then the detail line should have a paid amount of 0; otherwise, set Normal edit status.
If all details have an ARC 24 then the header is capitated and header level rules should apply.IF the 2330B loop REF01 = 2U where REF02 [1-3 bytes] = MCC. (This will eliminate non-MCC TPL loops).
*7/9/09 Change Request: Claims are setting incorrectly on TPL loops. The edit should only set on MCC 2330B loops and service lines. MCC Service lines are indicated if SVD01 matches 2330B NM109 value for the loop where the first 3 bytes of REF*2U ='MCC'.*

SVD Line Adjudication Information

Pos: 5400	Max: 1
Detail - Optional	
Loop: 2430	Elements: 5

Purpose: To convey service line adjudication information for coordination of benefits between the initial payers of a health care claim and all subsequent payers

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SVD02	782	**Monetary Amount**	M	R	1/18	Required

Description: Monetary amount

Encounter Notes:

Error Message: MCC LINE LEVEL PAID AMOUNT MISSING - The line paid amount 2430/SVD02 is required by TennCare.

Details: 2430/SVD02 value is required by TennCare, so the 2430/SVD segment must be in the service line.

Error Message: Capitated Claim (ARC 24) Not Allowed With Paid Amount Greater Than Zero

Detail: Adjustment Reason Code (ARC) 24 is used by TennCare to indicate a capitated claim and/or detail. Placement of ARC 24 in the header CAS segment indicates that the entire claim is capitated. Capitated claims should not have a header or any detail paid amounts other than 0; otherwise, set a Normal edit.
If a detail line is capitated – ARC 24 in detail level CAS - then the detail line should have a paid amount of 0; otherwise, set Normal edit status.
If all details have an ARC 24 then the header is capitated and header level rules should apply.
IF the 2330B loop REF01 = 2U where REF02 [1-3 bytes] = MCC. (This will eliminate non-MCC TPL loops).

Error Message: Denied Claim (ARC 107) Not Allowed With Paid Amount Greater Than Zero.

Detail: Adjustment Reason Code (ARC) 107 is used by TennCare to indicate a denied claim and/or detail. Placement of ARC 107 in the header CAS segment indicates that the entire claim is denied. Denied claims should not have a header or any detail paid amounts other than 0; otherwise, set a Normal edit.
If a detail line is denied – ARC 107 in detail level CAS - then the detail line should have a paid amount of 0; otherwise, set Normal edit status.
If all details have an ARC 107 then the header is denied and header level rules should apply. IF the 2330B loop REF01 = 2U where REF02 [1-3 bytes] = MCC. (This will eliminate non-MCC TPL loops)

CAS Line Adjustment

Pos: 5450	Max: 5
Detail - Optional	
Loop: 2430	Elements: 19

Purpose: To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CAS02	1034	**Claim Adjustment Reason Code**	M	ID	1/5	Required
		Description: Code identifying the detailed reason the adjustment was made **Encounter Notes:** *Error Message: VALUE OF ELEMENT CAS INCORRECT - ARC NOT ALLOWED BY TENNCARE.* *Details: All Adjustment Reason Codes must be valid according to national code list or TennCare code list. TennCare Allowed:1. 107 - MCC Denied claim (different use for TennCare) 2. B2 - Reform counting covered service (inactive) 3. B19 - Reform appeal for TennCare (inactive) 4. 63 - Correction to a Prior Claim (inactive).*				
CAS05	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational
		Description: Code identifying the detailed reason the adjustment was made **Encounter Notes:** *Error Message: VALUE OF ELEMENT CAS INCORRECT - ARC NOT ALLOWED BY TENNCARE.* *Details: All Adjustment Reason Codes must be valid according to national code list or TennCare code list. TennCare Allowed:1. 107 - MCC Denied claim (different use for TennCare) 2. B2 - Reform counting covered service (inactive) 3. B19 - Reform appeal for TennCare (inactive) 4. 63 - Correction to a Prior Claim (inactive).*				
CAS08	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational
		Description: Code identifying the detailed reason the adjustment was made **Encounter Notes:** *Error Message: VALUE OF ELEMENT CAS INCORRECT - ARC NOT ALLOWED BY TENNCARE.* *Details: All Adjustment Reason Codes must be valid according to national code list or TennCare code list. TennCare Allowed:* *1. 107 - MCC Denied claim (different use for TennCare)* *2. B2 - Reform counting covered service (inactive)* *3. B19 - Reform appeal for TennCare (inactive)* *4. 63 - Correction to a Prior Claim (inactive).*				
CAS11	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational
		Description: Code identifying the detailed reason the adjustment was made **Encounter Notes:** *Error Message: VALUE OF ELEMENT CAS INCORRECT - ARC NOT ALLOWED BY TENNCARE.* *Details: All Adjustment Reason Codes must be valid according to national code list or TennCare code list. TennCare Allowed:* *1. 107 - MCC Denied claim (different use for TennCare)* *2. B2 - Reform counting covered service (inactive)* *3. B19 - Reform appeal for TennCare (inactive)* *4. 63 - Correction to a Prior Claim (inactive).*				
CAS14	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational
		Description: Code identifying the detailed reason the adjustment was made **Encounter Notes:** *Error Message: VALUE OF ELEMENT CAS INCORRECT - ARC NOT ALLOWED BY TENNCARE.* *Details: All Adjustment Reason Codes must be valid according to national code list or TennCare code*				

list. TennCare Allowed:
1. 107 - MCC Denied claim (different use for TennCare)
2. B2 - Reform counting covered service (inactive)
3. B19 - Reform appeal for TennCare (inactive)
4. 63 - Correction to a Prior Claim (inactive).

CAS17	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational

Description: Code identifying the detailed reason the adjustment was made

Encounter Notes:
Error Message: VALUE OF ELEMENT CAS INCORRECT - ARC NOT ALLOWED BY TENNCARE.

Details: All Adjustment Reason Codes must be valid according to national code list or TennCare code list. TennCare Allowed:
1. 107 - MCC Denied claim (different use for TennCare)
2. B2 - Reform counting covered service (inactive)
3. B19 - Reform appeal for TennCare (inactive)
4. 63 - Correction to a Prior Claim (inactive).

DTP Line Check or Remittance Date

Pos: 5500	Max: 1
Detail - Optional	
Loop: 2430	Elements: 3

Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period**	M	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times

Encounter Notes:

Error Message: SERVICE LINE ADJUDICATION DATE MUST BE GREATER THAN OR EQUAL TO FROM DATE OF SERVICE.

Details: The edit applies to only the 2400 service dates in the 837P.
If any 'from' service date (837P 2400/DTP03 where DTP01=472) is greater than the line adjudication date (2430/DTP where DTP01=573), then that date is in error. Flag the error at the 2430 DTP02.The DTP02 should be inspected and if the DTP02=RD8, then the Begin date (FROM-the first date in the date range) should be used for comparing against the Adjudication Date.
*For example, if the DTP segment looked like "DTP*472*RD8*20080911-20080922" the Service date would be "20080911".Adjudication Date edits apply only to the MCC loops.Edits do not apply to other payer loops.*

Error Message: SERVICE LINE ADJUDICATION DATE MUST BE GREATER THAN OR EQUAL TO THROUGH DATE OF SERVICE.

Details: The edit applies to only the 2400 service end dates in the 837P. Exclusion: If 837P and first digit of the SV1-2 equal alpha 'E', do not apply edit.
If any end (FROM) service date (837I, P, D: 2400/DTP03 where DTP01=472) is greater than the line adjudication date (2430/DTP where DTP01=573), then that date is in error. Flag the error at the 2430 DTP02.The DTP02 should be inspected and if the DTP02=RD8, then the END date (the last date in the date range) should be used for comparing against the Adjudication Date.
*For example, if the DTP segment looked like "DTP*472*RD8*20080911-20080922" the Service date would be "20080922".These Adjudication Date edits apply only to the MCC loops. Edits do not apply to other payer loops.*

Loop Patient Hierarchical Level

Pos: 0010 **Repeat: >1**
Optional
Loop: 2000C **Elements: N/A**

Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

Loop Summary:

Pos	Id	Segment Name	Req	Max Use	Repeat
0010	HL	Patient Hierarchical Level	O	1	
0070	PAT	Patient Information	O	1	
0150		Loop 2010CA	O		1
1300		Loop 2300	O		100

Encounter Notes:

Error Message: TennCare does not allow dependent 2000C loop.

*Description: HL*3*2*23*0~ Used when the patient is a dependent of the subscriber identified in Loop ID-2000B and is not allowed for TennCare.*

PAT Patient Information

Pos: 0070	Max: 1
Detail - Optional	
Loop: 2000C	Elements: 6

Purpose: To supply patient information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PAT01	1069	**Individual Relationship Code**	O	ID	2/2	Required

Description: Code indicating the relationship between two individuals or entities

TennCare Notes:

In TennCare, the only non-subscriber patient (dependant) allowed is a new born of less than 30 days old. The patient info is in 2010 CA. It can happen in both Encounters and FFS. But no Xovers are allowed to have mother-child scenario. In MMIS, there will be an edit to fail if the value is other than 19. Translator will not fail for any valid values. Patient information will be stored in t_clm_entity tables similar to subscriber inforamtion. EDI will map "BABY" in the Last Name and either "G" or "B" (girl/boy) in the first name.

NM1 Patient Name

Pos: 0150	Max: 1
Detail - Optional	
Loop: 2010CA	Elements: 6

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required
		Description: Code identifying an organizational entity, a physical location, property or an individual **TennCare Notes:** *Loop 2000CA when newborns are reported under mother's SSN, which can be for both Encounters and FFS. No Xover is expected in such situation.*				

DMG Patient Demographic Information

Pos: 0320	Max: 1
Detail - Optional	
Loop: 2010CA	Elements: 3

Purpose: To supply demographic information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DMG01	1250	**Date Time Period Format Qualifier**	X	ID	2/3	Required
		Description: Code indicating the date format, time format, or date and time format **TennCare Notes:** *Newborn's DOB*				
		Code **Name** D8 Date Expressed in Format CCYYMMDD				
DMG02	1251	**Date Time Period**	X	AN	1/35	Required
		Description: Expression of a date, a time, or range of dates, times or dates and times **TennCare Notes:** *Total Billed Amount. Can be zero for encounters.*				

DTP Date - Onset of Current Illness or Symptom

Pos: 1350 **Max: 1**
Detail - Optional
Loop: 2300 **Elements: 3**

Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period**	M	AN	1/35	Required
		Description: Expression of a date, a time, or range of dates, times or dates and times **TennCare Notes:** *Symptom Date*				

DTP Date - Initial Treatment Date

Pos: 1350	Max: 1
Detail - Optional	
Loop: 2300	Elements: 3

Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period**	M	AN	1/35	Required
		Description: Expression of a date, a time, or range of dates, times or dates and times **TennCare Notes:** *Initial treatment date*				

DTP Date - Last Seen Date

Pos: 1350	Max: 1
Detail - Optional	
Loop: 2300	Elements: 3

Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period**	M	AN	1/35	Required
		Description: Expression of a date, a time, or range of dates, times or dates and times **TennCare Notes:** *Referral Date*				

DTP Date - Accident

Pos: 1350	Max: 1
Detail - Optional	
Loop: 2300	Elements: 3

Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period**	M	AN	1/35	Required
		Description: Expression of a date, a time, or range of dates, times or dates and times **TennCare Notes:** *Translator will need to separate date and time and map ACCIDENT DATE AND TIME*				

DTP Date - Disability Dates

Pos: 1350	Max: 1
Detail - Optional	
Loop: 2300	Elements: 3

Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period**	M	AN	1/35	Required
		Description: Expression of a date, a time, or range of dates, times or dates and times **TennCare Notes:** *Disability begin date Disability begin date*				

DTP Date - Last Worked

Pos: 1350	Max: 1
Detail - Optional	
Loop: 2300	Elements: 3

Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period**	M	AN	1/35	Required
		Description: Expression of a date, a time, or range of dates, times or dates and times **TennCare Notes:** *Last worked date*				

DTP Date - Admission

Pos: 1350	Max: 1
Detail - Optional	
Loop: 2300	Elements: 3

Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period**	M	AN	1/35	Required
		Description: Expression of a date, a time, or range of dates, times or dates and times **TennCare Notes:** *Ambulance, other claims, Medicare cross over claims*				

DTP Date - Discharge

Pos: 1350	Max: 1
Detail - Optional	
Loop: 2300	Elements: 3

Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period**	M	AN	1/35	Required
		Description: Expression of a date, a time, or range of dates, times or dates and times **TennCare Notes:** *Ambulance and other claims discharge date*				

REF Payer Claim Control Number

Pos: 1800	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	X	AN	1/50	Required
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
		TennCare Notes: *Encounter: MCC's ICN of the void/replacement encounter.*				

K3 File Information

Pos: 1850	Max: 10
Detail - Optional	
Loop: 2300	Elements: 1

Purpose: To transmit a fixed-format record or matrix contents

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
K301	449	**Fixed Format Information**	M	AN	1/80	Required
		Description: Data in fixed format agreed upon by sender and receiver **TennCare Notes:** *Encounter: Claim receipt date for an encounter: CCYYMMDD.*				

NTE Claim Note

Pos: 1900	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

Purpose: To transmit information in a free-form format, if necessary, for comment or special instruction

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NTE01	363	**Note Reference Code**	O	ID	3/3	Required
		Description: Code identifying the functional area or purpose for which the note applies **TennCare Notes:** *Additional Information*				
NTE02	352	**Description**	M	AN	1/80	Required
		Description: A free-form description to clarify the related data elements and their content **TennCare Notes:** *Sub-component 1(required): date-time stamp:CCYYMMDDhhmmssnn (up to 16 digits)* *Sub-component 2(optional): preceded by sub-component separator; 'paper' for paper claims, i.e. 20070822092001 12:PAPER*				

NM1 Rendering Provider Name

Pos: 2500	Max: 1
Detail - Optional	
Loop: 2310B	Elements: 8

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required
		Description: Code identifying an organizational entity, a physical location, property or an individual **TennCare Notes:** *This segment is required when NM1 info. is different than carried at 2010AA Billing Provider NM1Loop.*				

PRV Rendering Provider Specialty Information

Pos: 2550 **Max: 1**
Detail - Optional
Loop: 2310B **Elements: 3**

Purpose: To specify the identifying characteristics of a provider

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PRV03	127	**Reference Identification**	X	AN	1/50	Required
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **TennCare Notes:** *Taxonomy code is required on FFS and encounter claims in 2310B when Rendering Provider NOT= Billing/Pay-To Provider and 2000A is not used.*				

REF Rendering Provider Secondary Identification

Pos: 2710 **Max: 4**
Detail - Optional
Loop: 2310B **Elements: 2**

Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required

Description: Code qualifying the Reference Identification

TennCare Notes:

1. G2 - TennCare ID, with G2 MCCs submit their monthly Provider Enrollment file.
2. Instead of G2 as the TennCare ID, BCBS may use 1A or 1B for REF01 identifier as required ID.
3. Medicaid ID may be provided when available.

SBR Other Subscriber Information

Pos: 2900	Max: 1
Detail - Optional	
Loop: 2320	Elements: 6

Purpose: To record information specific to the primary insured and the insurance carrier for that insured

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SBR01	1138	**Payer Responsibility Sequence Number Code**	M	ID	1/1	Required
		Description: Code identifying the insurance carrier's level of responsibility for a payment of a claim **TennCare Notes:** *Encounters: P/S/T. When more than one payer, the last resort is the MCC.*				
SBR02	1069	**Individual Relationship Code**	O	ID	2/2	Required
		Description: Code indicating the relationship between two individuals or entities **TennCare Notes:** *Encounters: 18 or a 19 for a sick child. Translator won't fail if not 18 or 19. But MMIS will set an edit.*				
SBR03	127	**Reference Identification**	O	AN	1/50	Situational
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **TennCare Notes:** *Encounters: Recipient SSN.*				
SBR09	1032	**Claim Filing Indicator Code**	O	ID	1/2	Situational
		Description: Code identifying type of claim **TennCare Notes:** *Encounters: HM*				

CAS Claim Level Adjustments

Pos: 2950	Max: 5
Detail - Optional	
Loop: 2320	Elements: 19

Purpose: To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CAS01	1033	**Claim Adjustment Group Code**	M	ID	1/2	Required
		Description: Code identifying the general category of payment adjustment **TennCare Notes:** *Encounters: Plug CO*				
CAS02	1034	**Claim Adjustment Reason Code**	M	ID	1/5	Required
		Description: Code identifying the detailed reason the adjustment was made **TennCare Notes:** *Encounters/FFS –* *'1' (Deductible),* *'2' (Coinsurance),* *'3' (Co-pay),* *'24' (Charges covered under a capitation agreement/managed care plan - Monetary Amount is zero.),* *'66' (blood deductible) usually FFS,* *'107' (Denied - Monetary Amount is zero),* *'128'(Child's services are under mother's number).* *On a denied encounter, preferred way is to indicate the first CAS as denied with 107, and then other CAS segments to indicate the EOB codes.*				
CAS05	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational
		Description: Code identifying the detailed reason the adjustment was made **TennCare Notes:** *See CAS02.*				
CAS08	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational
		Description: Code identifying the detailed reason the adjustment was made **TennCare Notes:** *See CAS02.*				
CAS11	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational
		Description: Code identifying the detailed reason the adjustment was made **TennCare Notes:** *See CAS02.*				
CAS14	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational
		Description: Code identifying the detailed reason the adjustment was made **TennCare Notes:** *See CAS02.*				
CAS17	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational
		Description: Code identifying the detailed reason the adjustment was made **TennCare Notes:** *See CAS02.*				

AMT Coordination of Benefits (COB) Payer Paid Amount

Pos: 3000 **Max: 1**
Detail - Optional
Loop: 2320 **Elements: 2**

Purpose: To indicate the total monetary amount

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
AMT02	782	**Monetary Amount** **Description:** Monetary amount **TennCare Notes:** *Encounters: MCC header level Paid Amount.*	M	R	1/18	Required

AMT Coordination of Benefits (COB) Total Non-covered Amount

Pos: 3000 **Max: 1**
Detail - Optional
Loop: 2320 **Elements: 2**

Purpose: To indicate the total monetary amount

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
AMT02	782	**Monetary Amount** **Description:** Monetary amount **TennCare Notes:** *Encounters: MCC header level Allowed Amount*	M	R	1/18	Required

NM1 Other Subscriber Name

Pos: 3250	Max: 1
Detail - Optional	
Loop: 2330A	Elements: 8

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM108	66	**Identification Code Qualifier**	X	ID	1/2	Required
		Description: Code designating the system/method of code structure used for Identification Code (67) **TennCare Notes:** *'ZZ' for NPI usage*				

REF Other Subscriber Secondary Identification

Pos: 3550 **Max: 1**
Detail - Optional
Loop: 2330A **Elements: 2**

Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required
		Description: Code qualifying the Reference Identification **TennCare Notes:** *Prefered value is 'SY' for social security number.*				

NM1 Other Payer Name

Pos: 3250	Max: 1
Detail - Optional	
Loop: 2330B	Elements: 5

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required
		Description: Code identifying an organizational entity, a physical location, property or an individual **TennCare Notes:** *Encounter: One of the 2320 loops will have MCC information in 2330B loops. Additional 2320 loops might have other payer information for the FFS claims/Xovrs/encounters in the 2330B loop.*				
NM103	1035	**Name Last or Organization Name**	X	AN	1/60	Required
		Description: Individual last name or organizational name **TennCare Notes:** *Encounters: MCC Name for MCC payment loop.*				
NM109	67	**Identification Code**	X	AN	2/80	Required
		Description: Code identifying a party or other code **TennCare Notes:** *Encounters: MCC ID for MCC payment loop.*				

DTP Claim Check or Remittance Date

Pos: 3500	Max: 1
Detail - Optional	
Loop: 2330B	Elements: 3

Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period**	M	AN	1/35	Required
		Description: Expression of a date, a time, or range of dates, times or dates and times **TennCare Notes:** *Encounters: TennCare uses this field to track the date when MCC paid a claim. MCC adjudication date: CCYYMMDD for MCC payment loop.*				

REF Other Payer Secondary Identifier

Pos: 3550 **Max: 2**
Detail - Optional
Loop: 2330B **Elements: 2**

Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	X	AN	1/50	Required
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
		TennCare Notes: *Encounters:* *MCC generated ICN of the current encounter for MCC payment loop. <0xB>* *'MCC' + MCC number for MCC payment loop or TennCare carrier code for all other loops*				

LX Service Line Number

Pos: 3650	Max: 1
Detail - Optional	
Loop: 2400	Elements: 1

Purpose: To reference a line number in a transaction set

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
LX01	554	**Assigned Number** **Description:** Number assigned for differentiation within a transaction set	M	N0	1/6	Required

TennCare Notes:

The service line number incremented by 1 for each service line.

K3 File Information

Pos: 4800	Max: 10
Detail - Optional	
Loop: 2400	Elements: 1

Purpose: To transmit a fixed-format record or matrix contents

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
K301	449	**Fixed Format Information**	M	AN	1/80	Required
		Description: Data in fixed format agreed upon by sender and receiver **TennCare Notes:** *Encounter: Claim receipt date for an encounter: CCYYMMDD.*				

NTE Line Note

Pos: 4850	Max: 1
Detail - Optional	
Loop: 2400	Elements: 2

Purpose: To transmit information in a free-form format, if necessary, for comment or special instruction

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NTE01	363	**Note Reference Code**	O	ID	3/3	Required
		Description: Code identifying the functional area or purpose for which the note applies **TennCare Notes:** *Additional Information*				
NTE02	352	**Description**	M	AN	1/80	Required
		Description: A free-form description to clarify the related data elements and their content **TennCare Notes:** *Date & time stamp: CCYYMMDDHHMMSShh or a sequential number(s) must be provided. The length limit is 16 digits. It is optional and needs to be preceded by sub-component separator; 'paper' for paper claims, 'NSF' for a non-standard format claims transferred electronically. example, 2005110210305501:NSF*				

LIN Drug Identification

Pos: 4930	Max: 1
Detail - Optional	
Loop: 2410	Elements: 2

Purpose: To specify basic item identification data

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
LIN02	235	**Product/Service ID Qualifier**	M	ID	2/2	Required
		Description: Code identifying the type/source of the descriptive number used in Product/Service ID (234) **TennCare Notes:** *LIN segment required for all J-codes*				
LIN03	234	**Product/Service ID**	M	AN	1/48	Required
		Description: Identifying number for a product or service **TennCare Notes:** *11 bytes for NDC code*				

CTP Drug Quantity

Pos: 4940	Max: 1
Detail - Optional	
Loop: 2410	Elements: 2

Purpose: To specify pricing information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CTP04	380	**Quantity**	X	R	1/15	Required
		Description: Numeric value of quantity **TennCare Notes:** *CTP segment required when LIN is present*				
CTP05	C001	**Composite Unit of Measure**	X	Comp		Required
		Description: To identify a composite unit of measure (See Figures Appendix for examples of use) **TennCare Notes:** *CTP segment required when LIN is present*				

NM1 Rendering Provider Name

Pos: 5000	Max: 1
Detail - Optional	
Loop: 2420A	Elements: 8

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required
		Description: Code identifying an organizational entity, a physical location, property or an individual				
		TennCare Notes: *This segment is required when NM1 info. is different than NM1 info. carried at 2010AA Billing Provider or 2310B Rendering Provider Loop.*				

PRV Rendering Provider Specialty Information

Pos: 5050 **Max: 1**
Detail - Optional
Loop: 2420A **Elements: 3**

Purpose: To specify the identifying characteristics of a provider

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PRV03	127	**Reference Identification**	X	AN	1/50	Required
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
		TennCare Notes: *Taxonomy Code is required on FFS claims and requested on encounters.*				

REF Rendering Provider Secondary Identification

Pos: 5250 **Max: 20**
Detail - Optional
Loop: 2420A **Elements: 3**

Purpose: To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required

Description: Code qualifying the Reference Identification

TennCare Notes:
1. G2, TennCare ID, must be provided or edit will be set. Use the ID that MCC submits on their monthly Provider enrollment file.
2. Instead of G2 as the TennCare ID, BCBS may use 1A or 1B for REF01 identifier as required.
3. ID, Medicaid ID, should be always provided when available.

SVD Line Adjudication Information

Pos: 5400 **Max: 1**
Detail - Optional
Loop: 2430 **Elements: 5**

Purpose: To convey service line adjudication information for coordination of benefits between the initial payers of a health care claim and all subsequent payers

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SVD02	782	**Monetary Amount**	M	R	1/18	Required
		Description: Monetary amount **TennCare Notes:** *Encounters: MCC line level Paid Amount*				
SVD05	380	**Quantity**	O	R	1/15	Required
		Description: Numeric value of quantity **TennCare Notes:** *-999,999.99<=values>=999,999.99*				

CAS Line Adjustment

Pos: 5450	Max: 5
Detail - Optional	
Loop: 2430	Elements: 19

Purpose: To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CAS02	1034	**Claim Adjustment Reason Code**	M	ID	1/5	Required
		Description: Code identifying the detailed reason the adjustment was made **TennCare Notes:** *Encounters/FFS –* *'1' (Deductible),* *'2' (Coinsurance),* *'3' (Co-pay),* *'24' (Charges covered under a capitation agreement/managed care plan - Monetary Amount is zero.),* *'66' (blood deductible) usually FFS,* *'107' (Denied - Monetary Amount is zero),* *'128' (Child's services are under mother's number),* *'A2' (Cap claim override for a FFS line).* *On a denied encounter, preferred way is to indicate the first CAS as denied with 107, and then other CAS segments to indicate the EOB codes.*				
CAS05	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational
		Description: Code identifying the detailed reason the adjustment was made **TennCare Notes:** *See CAS02.*				
CAS08	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational
		Description: Code identifying the detailed reason the adjustment was made **TennCare Notes:** *See CAS02.*				
CAS11	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational
		Description: Code identifying the detailed reason the adjustment was made **TennCare Notes:** *See CAS02.*				
CAS14	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational
		Description: Code identifying the detailed reason the adjustment was made **TennCare Notes:** *See CAS02.*				
CAS17	1034	**Claim Adjustment Reason Code**	X	ID	1/5	Situational
		Description: Code identifying the detailed reason the adjustment was made **TennCare Notes:** *See CAS02.*				

DTP Line Check or Remittance Date

Pos: 5500 **Max: 1**
Detail - Optional
Loop: 2430 **Elements: 3**

Purpose: To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period**	M	AN	1/35	Required
		Description: Expression of a date, a time, or range of dates, times or dates and times **TennCare Notes:** *Encounters: TennCare uses this field to track the date when MCC paid a claim. MCC adjudication date: CCYYMMDD.*				